

REGISTRATION FORM



Directions for State agencies:

- Upon BET receiving your registration form you will be invoiced.
- Please do not process payment until an invoice has been received
- When invoice is received, process payment on an intra-governmental payment voucher (PV) using the following information: NH First Vendor Code #177875; location is B003.
- The invoice number must be included on the invoice field when processing payment through NH First.
- Please include the participant's name and class name **or** code under invoice description.

Directions for municipalities, counties, school districts and employees paying for their own courses: Attach a check made payable to Treasurer, State of NH to the registration form and forward to: Bureau of Education and Training, 28 School Street, Concord, NH 03301. *Payment must accompany registration form.*

Bureau of Education and Training Registration Form

Register by mail, fax or email
By mail: NH Division of Personnel
28 School Street, Concord, NH 03301
By fax: (603) 271-1422
By email: karen.eaton-bruce@nh.gov

Course Title: _____

Course Date(s): _____ **Cost:** _____

Name: _____ **Work Phone #:** _____
(Please print name as it should appear on Certificate of Completion)

If you need accommodations to participate in this course please contact karen.eaton-bruce@nh.gov

Department/Organization: _____

Division: _____

Work Address: _____

Email Address: _____

Name of Supervisor: _____

Have you met the prerequisite(s) for this course, if any? Yes ☐ No ☐ N/A ☐

PLEASE NOTE: *It is your responsibility to attend all class sessions or notify BET of a replacement. For courses longer than one day, the person enrolled in the first session must attend all class sessions; classes cannot be split between individuals. **Call K Eaton-Bruce at 271-3261 at least five working days prior to the start of your course to notify BET of any change.***

EMPLOYEE SIGNATURE: _____ **DATE:** _____